

**HCHB MAIL CENTER  
MAIL STOP CHANGE REQUEST FORM**

**DATE:** \_\_\_\_\_

**REQUESTING BUREAU/OFFICE:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **EXT.** \_\_\_\_\_

<b>INDICATE TYPE OF CHANGE(S):</b>  <input type="checkbox"/> <b>Provide New Mail Stop #</b> <input type="checkbox"/> <b>Remove Current Mail Stop #</b> <input type="checkbox"/> <b>Update Employee List of Current Mail Stop #</b>  <b>DATE CHANGE EFFECTIVE:</b> _____	<b>MAIL STOP #:</b>  <b>New</b> _____ <b>Current</b> _____
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**AUTHORIZING OFFICIAL:** \_\_\_\_\_  
Signature Date

**MAIL STOP # WILL SERVE THE FOLLOWING EMPLOYEES:**

<u>EMPLOYEE</u>	<u>ROOM NUMBER</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**(If necessary, use additional sheets)**